

Larry Hogan, Governor Boyd Rutherford, Lt. Governor Mark Belton, Secretary Joanne Throwe, Deputy Secretary

## **Event Application**

Type of event:			
Contact Name(s):			
Address			
City	State	Zip	_
Phone #:	Email:		
Total # of guests:			
Date of Event:			
Time of event:			
Location of Event:(Example: Shad Landing or Milburn Landing)			
Pavilion needed? Yes (If yes, w (Service charge required. Maximum number varies			No
Alcohol permit? Yes No_ (Service charge required)			
Amplified music permit? Yes(	If yes, describe)		No
Event catered? Yes (If yes, provide name)			No
<b>Brief Description of Occasion (includ</b>	ling any special requ	iests):	